AMENDMENT TRANSMITTAL LETTER					Docket No. 341148004US1	
Application No. 10/721,491-Conf. #6043		Filing		Examiner	Art Un	
		November 25, 2003		M. T. Rozans	i 3768	
pplicant(s): Ma	te et al.					
nvention: GUIDE	ED RADIATION	THERAPY SY	STEM			
	TC	THE COMMI	SSIONER FO	OR PATENTS		
Transmitted here				• •		
The fee has been	n calculated an	······································	S AS AMENI		· · · · · · · · · · · · · · · · · · ·	
	Claims Highest					
	Remaining After	Number Previously	Number Extra Claims			
7-1-1-0-2	Amendment	Paid	Present	Rate	0.00	
Total Claims Independent	12	- 49 =	0	x 26.00	0.00	
Claims	8	- 15 =	0	x 110.00	0.00	
Multiple Depend	dent Claims (ch	eck if applicabl	e)			
Other fee (please specify): Terminal Disclaimer (09/877,498)					70.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					70.00	
		OR THIS AME	NDMENT:		140.00	
Large Entity				x Small Entity		
No additiona	al fee is require	d for this ame	ndment.			
Please char	ge Deposit Acc	ount No	it	n the amount of \$ $_$	<u></u> .	
A check in t	he amount of \$		to cover	the filing fee is encl	osed.	
				nt of \$140.00 is her		
X The Directo	r is hereby auth	norized to char	oe and credit	Deposit Account No	50-0665	
as describe			go ana oroan			
	ny overpaymer	nt.				
x Credit a						
	\sim \sim	ing or applicatio	n processina i	lees required under 3	7 CFR 1.16 and 1.17	
	\sim \sim	ing or applicatio	n processing t	fees required under 3	7 CFR 1.16 and 1.17	
x Charge	any additional fil	ing or application	n processing (•	7 CFR 1.16 and 1.17 August 7, 2009	
X Charge	any additional fil	<u> </u>	n processing (•		
x Charge Susan D. Betch Attorney/Agent	any additional fill her No.: 43,	<u> </u>	n processing (•		
Susan D. Betch Attorney/Agent PERKINS COI	any additional fill her No.: 43, ELLP	<u> </u>	n processing (•		
Susan D. Betch Attorney/Agent PERKINS COI P.O. Box 1247	any additional fill her No.: 43, E LLP	498	n processing (•		